



Daycare Verification

Anne Arundel County Public Schools requires students to attend school in their geographic attendance area. Each year, exceptions are made (to accommodate daycare) to assist parents and students **who submit evidence of a documented hardship** (see *Out of Area FAQ #13* for details), so that a student can attend a school outside of his or her home school area. This completed form must accompany your *Request for an Out-of-Area Transfer*.

This request can not be considered until all of the information is completed and documentation is submitted.

Requested School (the public school students in the daycare's neighborhood attend)

Name of Student		Grade	
Name Childcare Facility/Private Provider	Phone	Hours at Daycare <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F Morning:	Afternoon:
Address (street)	City	State MD	ZIP code

I verify that the above student is registered for daycare services as listed above.

Provider's Name	Provider's Signature (required)	Date
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Verified Hardship

Yes No

Coordinator of Pupil Personnel (Signature)

Exceptional Transportation Request

(Complete this section only if daycare is outside of the school walking area)

Starting Date		Ending Date	
Requested by	Primary Phone	Work Phone	
Parent's Address (street)	City	State MD	ZIP code

Riding the bus is a privilege. This privilege may be temporarily denied or permanently revoked if misconduct jeopardizes the safe operation of the school bus or the safety of the students riding the bus.

Requests that will be considered:

- Parent(s) work and pupil goes to a childcare provider.
- Parent(s) work and pupil goes to/from a nursery or daycare facility.
- Parents go on vacation and pupil is to stay with another adult.

Transportation arrangements are to be consistent for each day, morning and/or afternoon, **Monday through Friday**, each school day for the time period requested. **Requests for occasional, inconsistent days** (i.e. every Tuesday and Thursday) **or every other week will be denied**. Approval is also contingent on the space being available on the affected bus.

Requests for accommodations of differing schedules shall be subject to the recommendation of the Supervisor of Transportation and the approval of the Chief Operating Officer.

Office Use Only	<input type="checkbox"/> Conditional Approval	Director of Student Services (Signature)	Date	Bus # A.M.	A.M. Pick-up Time
	<input type="checkbox"/> Final Approval	Supervisor of Transportation (Signature)	Date	Bus # P.M.	P.M. Arrival Time
Name of Contractor				Established Bus Stop Only	

Copies to: School File | Bus Driver | Office of Transportation | Parents